

LDL- _____
(INTERNAL USE)



LIMITED DURATION LICENSE APPLICATION (LDL) Sign

Event Name: _____

Business Name: _____

Applicant Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Activity Information

Sign Address: _____

Façade: ☐ N ☐ S ☐ E ☐ W

Square Footage: _____ Height: _____

Dates of Operation: Install: _____ Removal: _____

Illuminated from Exterior Source? ☐ Y ☐ N

Will installation/removal require blockage of city streets or sidewalks? ☐ Y ☐ N

Right of Permit Required? ☐ Y ☐ N

Right of Way Permit Number: _____

Is the sign associated with a sponsor? ☐ Y ☐ N

Company/Brand: _____

Description: _____

Included with Application

- | | |
|--|---|
| <input type="checkbox"/> Site Plan of Location | <input type="checkbox"/> Sign Drawings/Sign Component Details |
| <input type="checkbox"/> Installation/Removal Plan | <input type="checkbox"/> Bond (where/when required) |

By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to activities identified herein whether caused by negligence of the City or otherwise. I affirm, under the penalties of perjury, that the foregoing representations are true.

Signature: _____

Date: _____

Department of Code Enforcement | Business Licensing

1200 Madison Ave., Ste. 100 | Indianapolis, IN 46225

Phone: (317) 327-3916 | Fax: (317) 327-0817

specialevents@indy.gov | www.indy.gov/specialevents